Heathrow Medical Services

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This service is rated as Requires improvement **overall.** (This service was previously inspected in September 2018).

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Heathrow Medical Services as part of our inspection programme.

Heathrow Medical Services is a private service providing travel health advice, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer yellow fever vaccines. The provider offers a range of occupational health services and specialist medicals for aircrew, airport and oil and gas employees but these services were out of the scope of this inspection.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Heathrow Medical Services, services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at Heathrow Medical Services, we were only able to inspect the services which are not arranged for patients by their employers.

The clinical director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received seven patient Care Quality Commission comment cards. All of the comment cards we received were positive about the service. Patients said they were satisfied with the standard of care received and said the staff was approachable, committed and caring.

Our key findings were:

Risks to patients were assessed and well managed in some areas, with the exception of those relating to fridge temperature checks, recruitment checks and gaps in staff safeguarding training which were not always monitored appropriately. However, fridge temperatures were recorded within the recommended range since March 2019.

- There was a lack of good governance to ensure effective monitoring and assessment of the quality of the service.
- The service had failed to identify that a clinical member of staff was not using appropriate internal travel health risk assessment tool and policies were not always followed appropriately.
- There was an insufficient system in place for recording and acting on significant events as the service did not learn and make improvements in a timely manner when things went wrong.
- There was evidence of quality improvement activity.
- Care and treatment records were complete, legible and accurate, and securely kept.
- Consent procedures were in place and these were in line with legal requirement.
- Each patient received individualised travel advice, which was tailored to their specific needs and travel plans. The health advice included all travel vaccinations that were either required or recommended, and specific health information including additional health risks related to their destinations with advice on how to manage common illnesses.
- Systems were in place to protect personal information about patients.
- Patients were able to access care and treatment in a timely manner.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service had gathered feedback from the patients.
- Information about services and how to complain was available.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Overall summary

- There was a clear leadership structure and staff felt supported by management.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.**
The team included a practice nurse specialist adviser.

Background to Heathrow Medical Services

Heathrow Medical Services is an independent service and offers travel health consultations, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. The service is also a registered yellow fever vaccination centre. The service has offered nine travel clinic consultations in the last three months.

Heathrow Medical Services LLP has specialised in offering a range of occupational health services and specialist medicals for aircrew, airport and oil and gas employees but these services are out of the scope of this inspection.

Services are provided from: Heathrow Medical Services, Weekly House, 575-583 Bath Road, West Drayton, UB7 0EH. We visited this location as part of the inspection on 15 May 2019.

Online services can be accessed from the practice website: .

The service is open between 9am and 4pm on Thursdays and Fridays. Telephone lines are open between 8.30am and 5pm Monday to Friday.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with the clinical director, a practice manager, a travel practice nurse and three administrative staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback received by the service. We reviewed staff written feedback collected on the day of the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Requires improvement

Are services safe?

We rated safe as Requires improvement because:

- Fridge temperatures were not always adequately monitored. However, fridge temperatures were recorded within the recommended range since March 2019 and the service had safe systems in place on the day of the inspection.
- There was an insufficient system in place for recording and acting on significant events. The service did not learn and make improvements in a timely manner when things went wrong.
- Appropriate recruitment checks had not been always undertaken prior to employment.
- One administrative staff had not received appropriate child and adult safeguarding training relevant to their role.
- The service was not following their internal clinical waste management protocol and did not label the clinical waste bags.

We identified a safety concern that was rectified on the day of inspection/soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. (see full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Safety systems and processes

The service had some systems to keep people safe and safeguarded from abuse. However, improvements were required.

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The service had some systems to safeguard children and vulnerable adults from abuse.
- The two staff files we reviewed showed the service had carried out most staff checks at the time of recruitment. However, we noted the service had not always kept evidence of clinicians' professional registration in the staff files and internal records did not include correct details of the professional registration number.
- Disclosure and Barring Service (DBS) checks were not always undertaken appropriately where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The service had recruited a clinical member of staff in February 2019 and was relying on the DBS issued in October 2015. DBS check was not requested by the service at the time of recruitment. This meant the service could not be assured they had up to date and the most relevant information about the individual they were employed to carry out regulated activities.
- Most staff had received appropriate child safeguarding training relevant to their role. We noted a travel clinic nurse had received level two child safeguarding training. One administrative staff (recruited in February 2019) had not received child safeguarding training relevant to their role. All staff had received adult safeguarding training relevant to their role, with the exception of one administrative staff, recruited in February 2019. The clinical director was the safeguarding lead at the clinic. The clinical director had received adult and level three child safeguarding training.
- Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. There was a chaperone policy and a notice in the waiting room and in the consultation room advised patients that chaperones were available if required.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste. There was a contract for the removal of clinical waste and we saw that clinical waste and sharps bins were appropriately managed. However, we noted the service was not following their internal clinical waste management protocol and did not label the clinical waste bags.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The service had a formal documented business continuity plan in place.
- There were effective protocols for verifying the identity of patients including children.

Risks to patients

Requires improvement

Are services safe?

There were systems to assess, monitor and manage risks to patient safety. However, some improvements were required.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for new staff tailored to their role. However, we noted appropriate induction had not been provided to a new clinical member of staff and they were not using an appropriate travel health risk assessment tool relevant to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

The service did not have systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines were not always handled appropriately. For example, records showed fridge temperature checks were not always monitored appropriately. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure. However, we noted on a number of occasions fridge temperatures were recorded higher than the recommended range. The service informed us they had discarded the vaccines and calibrated both fridges in September 2018 and October 2018 respectively, but had not documented the incident or kept a record of actions taken. We noted on a number of occasions fridge temperatures were recorded higher than the recommended range again between December 2018 and February 2019. We found the service had not followed cold chain policy appropriately, they had failed again to document the incident and did not take appropriate action in a timely manner. We noted fridge temperature checks were only carried out one to four days a week. However, fridge temperatures were recorded within the recommended range since March 2019.
- There were patient group directives (PGDs) in place to support the safe administration of vaccines and medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Emergency medicines and equipment minimised risks. Processes were in place to check medicines were within their expiry date, stored securely and only accessible to authorised staff.
- The service used an accredited company to deliver vaccines and these were only delivered on the days when the clinic was open.
- A programme of the audit was undertaken in relation to medicines, to ensure that administration and prescribing were carried out in line with best practice guidance. There was evidence of clear recording on patients records when a vaccine or medicine had been administered.
- Arrangements for dispensing medicines such as anti-malarial treatment kept patients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.

Track record on safety and incidents

The service had a good safety record, with the exception of handling incidents related to fridge temperature monitoring.

- There were comprehensive risk assessments in relation to safety issues. For example, a fire safety risk assessment had been carried out by an external

contractor on 28 August 2018. The service had carried out the fire drill and fire extinguishers were serviced regularly. Smoke alarm checks had been carried out on 9 May 2019.

- The fixed electrical installation checks of the premises had been carried out in December 2017.
- All clinical equipment was checked and calibrated to ensure clinical equipment was safe to use and was in good working order.
- We noted that the safety of electrical portable equipment was assessed at the premises to ensure they were safe to use.
- The service had a variety of other risk assessments to monitor the safety of the premises such as control of substances hazardous to health (COSHH).
- The legionella (a bacterium which can contaminate water systems in buildings) risk assessment was carried out by an external contractor on 3 September 2018. We noted regular monthly water temperature checks had been undertaken by the contractor.
- Staff were aware of how to alert colleagues to an emergency. There was a panic alarm for use by the staff in the event of an incident or an emergency.

Lessons learned and improvements made

The service did not learn and make improvements when things went wrong.

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. However, we noted there was an ineffective system in place for recording and acting on significant events. For example, we found that on a number of occasions fridge temperatures were recorded higher than the recommended range, but the service had not documented these incidents as significant events, which meant there was no documentary evidence available to demonstrate that the service had reviewed, investigated, learned and shared lessons when things went wrong. The service informed us they had discarded the vaccines and calibrated both fridges in September/ October 2018 when things went wrong but did not document the incident. We found the service had not learned from the previous incidents and appropriate changes were not implemented, because we noted fridge temperatures were recorded higher than the recommended range again between December 2018 and February 2019, and the service had failed again to document the incident. On the day of the inspection, the service took immediate actions, completed a significant event form and contacted the manufacturers for further advice. The service informed us a day after the inspection, that they had carried out an audit of all vaccinations provided. They had carried out individual risk assessments as per Health Protection Agency (HPA) vaccine incident guidance, contacted patients and offered revaccinations. The service informed us they had shared the learning with the team, staff training updated, and policies reviewed to reflect stringent documentation of process and ensure HPA guidance followed.
- There was a significant event recording form available on the internal computer system. The service had recorded two significant events in the last 12 months.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence based practice.

- The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the NaTHNac (National Travel Health Network and Centre), a service commissioned by Public Health England, fit for travel guidelines and The Green Book recommendations.
- The service offered vaccination and travel clinic services to adults and children. They offered nine travel clinic consultations in the last three months.
- The service had specialised in offering a range of occupational health services and specialist medicals for aircrew, airport and oil and gas employees but these services were out of the scope of this inspection.
- A patient's first consultation was usually 30 minutes long, during which a comprehensive pre-travel risk assessment was undertaken. This included details of the trip, including any stopovers, any previous medical history, current medicines being taken and previous treatments relating to travel. However, we noted appropriate internal travel health risk assessment tool was not completed by the new clinical member of staff, but relevant consultation details were documented.
- The patients received travel health advice which included health information related to their destinations and how to manage potential health hazards and some illnesses that were not covered by vaccinations.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed, and they received care and treatment supported by clear clinical pathways and protocols. The travel clinic nurse had access to all previous notes.
- Latest travel health alerts such as outbreaks of infectious diseases were available.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- We noted the service had an effective system to assess and monitor the quality and appropriateness of the care provided.
- The service monitored national standards for travel health and immunisation. Nursing staff received up to date training in line with this.
- Batch numbers of all vaccinations given were recorded and a printed copy was given to patients to share with their GP or practice nurse.
- There was evidence of quality improvement including the audit. This included a medical notes audit and mandatory yellow fever audit.
- There were clear auditable trails relating to stock control. The provider had maintained a spreadsheet to monitor the stock control which included details of expiry dates.
- The travel clinic nurse had carried out peer reviews with the travel clinic nurses working in another travel clinic to monitor the quality and appropriateness of the care provided.

Patient feedback was sought via questionnaires and surveys on the support and care provided. This was highly positive about the quality of service patients received.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, some improvements were required.

- The service had employed a travel clinic nurse. A clinical director and the practice manager were supported by a team of administrative staff to deal with telephone, email and face to face queries and book appointments.
- The clinical director was registered with the Independent Doctors Federation (IDF) the independent medical practitioner organisation in Great Britain.
- The clinicians were registered with the professional organisations including the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC). However, the service had not always kept evidence of clinicians' professional qualification in their staff files.
- All staff had received an appraisal within the last 12 months and some staff had started recently and were not due an appraisal yet. Staff we spoke with informed us they received regular coaching, mentoring and support through regular meetings. One of the doctors was always available on the premises to offer support and advice if required.

Good

Are services effective?

- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, we noted one administrative staff (started in February 2019) had not received safeguarding children, safeguarding adults and health and safety training.
- Staff whose role included vaccinations had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment, a travel clinic nurse at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. The service informed that they would signpost patients to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The service did not directly inform patients' GPs of their treatment, however, they provided patients with a printed copy of their vaccinations, including batch numbers to share with their GP or practice nurse.
- Outside of the patient consultations, the service worked with other travel and health organisations to ensure they had the most up to date information.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients to live healthier lives whilst travelling. The travel consultation provided patients with advice to prevent and manage travel health related diseases. For example, precautions to prevent Malaria and advice about food and water safety. The health advice also provided information about how to avoid and/or manage other illnesses not covered by vaccinations which were relevant to the destinations being visited.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process of seeking consent appropriately.
- The clinicians demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We obtained the views of patients who used the service. We received seven patient Care Quality Commission comment cards. All of the comment cards we received were positive about the service. We did not speak to patients directly on the day of the inspection.
- Feedback from patients was positive about the way staff treat people. Patients said they felt the provider offered excellent service and the staff was helpful, caring and treated them with dignity and respect. They said staff responded compassionately when they needed help and provided support when required.
- We saw that staff treated patients respectfully and politely at the reception desk and over the telephone.
- The service had collected internal patient feedback. The results showed the service was performing well and the patients were satisfied with the service.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Comprehensive information was given about treatments available and the patients were involved in decisions relating to this. Written information was provided to describe the different treatment options available.
- At each appointment, patients were informed which treatments were available at no cost through the NHS.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service had a confidentiality policy in place and systems were in place to ensure that all patient information was stored and kept confidential.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Information was available on the provider's website, informing prospective patients about the services provided.
- The service had oversight of the national and worldwide supply of vaccinations and monitored where demand may exceed supply. There were contingencies in place to support service provision to clients in those circumstances.
- In addition to travel vaccines, the service was able to dispense anti-malarial medication through the use of patient group directives (PGDs). Other travel related items, such as water purification products, were also available to purchase.
- They offered a local flu vaccination service.
- The facilities and premises were appropriate for the services delivered. The premises was accessible for patients with mobility issues. A toilet was available for the patients on the ground floor. However, it was not accessible for patients with mobility issues. The clinic was situated in a grade II listed building and it was not feasible to make structural changes in the premises. The patients were signposted to other similar services with disabled toilet access. This information was available on the provider's website and discussed if a patient contacted them.
- Occupational health services were provided by the service to certain agreed organisations. All information was securely stored and shared with the organisations concerned.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment and treatment. Patients could access the service by making their appointment directly with the provider over the telephone or by email. Most appointments were bookable in advance only, but there was capacity on some days for the patients to be seen on the day if an appointment was available.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Feedback showed patients were able to access care and treatment within an acceptable timescale for their needs.
- The clinic was open between 9am and 4pm on Thursdays and Fridays. Telephone lines were open between 8.30am and 5pm Monday to Friday.
- Patients were directed to other clinics nearby if they were unable to attend during the normal opening hours.
- Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. Patients were able to pay by the debit or credit card and cash. Patients could choose to provide their debit or credit card details during the registration process.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available on the service's website and on the patient's leaflet. Staff treated patients who made complaints compassionately.
- The service had complaint policy and procedures in place. The policy contained appropriate timescales for dealing with the complaint. There was a designated responsible person to handle all complaints.
- The complaints policy included information of the complainant's right to escalate the complaint to the Independent Doctors Federation (IDF) and Independent Healthcare Sector Complaints Adjudication Service (ISCAS) and the Care Quality Commission (CQC) if dissatisfied with the response.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The service had received one complaint in the last year. There was evidence that the service had provided an apology and used the information provided by the patient to review the service. For example, the provider had reminded the staff to always check the previous vaccination record and advised to explain the rationale if recommending the vaccine course.

Requires improvement

Are services well-led?

We rated well-led as Requires improvement because:

- There was a lack of good governance to ensure effective monitoring and assessment of the quality of the service.
- Risks to patients were assessed and well managed in some areas, with the exception of those relating to fridge temperature checks, recruitment checks and gaps in staff training were not always monitored appropriately.
- The service had failed to identify that a clinical member of staff was not using appropriate internal travel health risk assessment tool, incidents were not reported in a timely manner, and policies were not followed appropriately.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service was managed by a clinical director and a practice manager. The clinical director, who was a UK based GMC registered doctor, had overall responsibility for any medical issues arising.

Vision and strategy

The service had a clear vision and aspired to deliver high quality care and promote good outcomes for patients.

- The service had a clear vision and aspired to deliver high quality travel healthcare and promote good outcomes for travellers.
- The service's stated aims and objectives were to provide healthcare services using the best evidence and research based practice to achieve positive health outcomes for all patients. This included providing vaccination and travel clinic services to adults and children, as well as a range of occupational health services to employer organisations.

Culture

The service had an open and transparent culture.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders informed us they would act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Systems to support good governance and management were not effective.

- There was a lack of good governance to ensure effective monitoring and assessment of the quality of the service. Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.
- Staff were not always clear on their roles and accountabilities.
- The service had established proper policies and procedures. However, they had not implemented effective governance and monitoring procedures to ensure safety and assured themselves that they were

Requires improvement

Are services well-led?

operating as intended. For example, the service had failed to identify that the cold chain policy and clinical waste management protocol were not followed appropriately.
- The system for the reporting of significant events was not effective.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance. However, improvements were required.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas, such as fridge temperature checks, recruitment checks and gaps in staff training was not always appropriate.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. However, the service had failed to identify that a clinical member of staff was not using appropriate internal travel health risk assessment tool, which was developed to carry out an effective needs assessment.
- Leaders had oversight of safety alerts and complaints. However, improvements were required to ensure incidents were reported and recorded appropriately in a timely manner, when required, to ensure patient safety.
- There was evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided.
- The service informed us they had regular meetings. There was a range of minuted meetings held centrally and available for staff to review. We reviewed copies of some of these meetings.
- There was a peer review system in place.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Care and treatment records were complete, legible and accurate, and securely kept.
- The service was registered with the Information Commissioner's Office and had its own information governance policies. All staff had signed a confidentiality agreement as part of their job contract.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the patients, staff and external partners. Comments and feedback were encouraged and reviewed. The service had carried out a patients' survey. The results were highly positive about the quality of service patients received and high satisfaction levels.
- We reviewed patient feedback available online which was positive.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service had a whistleblowing policy in place. (A whistle-blower is someone who can raise concerns about practice or staff within the organisation.

Continuous improvement and innovation

There was limited evidence of systems and processes for learning, continuous improvement and innovation.

- There was a limited focus on continuous learning and improvement.
- The service did not make use of internal incidents to learn and make improvements.
- Leaders encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose **How the regulation was not being met:** We found the registered person did not have suitable arrangements in place for assessing and managing risks in order to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. In particular: The service did not have reliable systems for appropriate and safe handling of medicines. For example: • Fridge temperatures were not always adequately monitored. • The service did not have any formal oversight system in place to assure themselves that regular checks were carried out or appropriate action had been undertaken when fridge temperatures were recorded higher than the recommended range. • There was an insufficient system in place for recording and acting on significant events. The service did not learn and make improvements in a timely manner when things went wrong. • One administrative staff had not received appropriate child and adult safeguarding training relevant to their role. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

The registered person did not have effective governance, assurance and auditing processes to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- There was a lack of good governance and we found breaches of regulation that had not been identified by the service prior to the inspection, which demonstrated that governance monitoring procedures were not always carried out consistently and effectively.

The service had not assured themselves that policies and procedures were operating as intended. For example,

- The service had failed to identify that the cold chain policy and clinical waste management protocol were not followed appropriately.
- The service had failed to identify that a clinical member of staff was not using appropriate internal travel health risk assessment tool, which was developed to carry out an effective needs assessment.
- The system for the reporting of significant events was not effective.

The service had not always undertaken appropriate recruitment checks prior to employment.

- Disclosure and Barring Service (DBS) checks were not always undertaken appropriately where required.
- The service had not always kept evidence of clinicians' professional registration in their staff files and internal records did not include correct details of the professional registration number.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.